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**United States Bankruptcy Court**  
of the  
**Northern District Of Illinois**  
**Western Division**

In Re: BENJAMIN R. SITZMAN  
821 ASHLAND AVE.  
ROCKFORD, IL 61103

Trustee's Final Report  
SSN-xxx-xx-7277

Case Number: 04-70476

Case filed on: 1/30/2004  
Plan Confirmed on: 3/26/2004

P Discharged Paid Out

Total funds received and disbursed pursuant to the plan: \$11,658.00

Detail of Disbursements below:

Claim #	Name of the Claimant	Claimed by the Creditor	Allowed by the Court	Principal Paid	Interest Paid
772	CLERK OF U.S. BANKRUPTCY COURT	164.00	164.00	164.00	0.00
	Total Administration	164.00	164.00	164.00	0.00
000	BALSLEY & DAHLBERG LLP	1,200.00	1,200.00	1,200.00	0.00
	Total Legal	1,200.00	1,200.00	1,200.00	0.00
003	INTERNAL REVENUE SERVICE	2,138.91	2,138.91	2,138.91	0.00
	Total Priority	2,138.91	2,138.91	2,138.91	0.00
999	BENJAMIN R. SITZMAN	0.00	0.00	186.75	0.00
	Total Debtor Refund	0.00	0.00	186.75	0.00
001	AMCORE BANK NA	5,800.00	5,800.00	5,800.00	1,396.95
	Total Secured	5,800.00	5,800.00	5,800.00	1,396.95
001	AMCORE BANK NA	6,894.64	0.00	0.00	0.00
002	AMERICAN GENERAL FINANCE	5,075.00	0.00	0.00	0.00
003	INTERNAL REVENUE SERVICE	268.00	0.00	0.00	0.00
004	ADVANCE CASH EXPRESS	300.00	0.00	0.00	0.00
005	AMCORE BANK NA	0.00	0.00	0.00	0.00
006	CAPITAL ONE	0.00	0.00	0.00	0.00
007	FEATHERSTONE CLINIC	976.77	0.00	0.00	0.00
008	HHM EMERGENCY SERVICES	0.00	0.00	0.00	0.00
009	HOUSEHOLD CREDIT SERVICES	0.00	0.00	0.00	0.00
010	LOWES	0.00	0.00	0.00	0.00
011	MONCO SERVICES	0.00	0.00	0.00	0.00
012	MUTUAL MANAGEMENT SERVICES	0.00	0.00	0.00	0.00
013	NCO FINANCIAL SYSTEMS INC.	0.00	0.00	0.00	0.00
014	PEDIATRIC ASSOCIATES OF ROCKFORD	0.00	0.00	0.00	0.00
015	ROCKFORD MERCANTILE AGENCY INC	0.00	0.00	0.00	0.00
016	SWEDISH AMERICAN HOSPITAL	0.00	0.00	0.00	0.00
017	SWEDISH AMERICAN MEDICAL GROUP	0.00	0.00	0.00	0.00
018	MUTUAL MANAGEMENT SERVICES	521.25	0.00	0.00	0.00
019	MUTUAL MANAGEMENT SERVICES	0.00	0.00	0.00	0.00
020	MUTUAL MANAGEMENT SERVICES	81.25	0.00	0.00	0.00
021	MUTUAL MANAGEMENT SERVICES	253.79	0.00	0.00	0.00
	Total Unsecured	14,370.70	0.00	0.00	0.00
	Grand Total:	23,673.61	9,302.91	9,489.66	1,396.95

Total Paid Claimant: \$10,886.61  
Trustee Allowance: \$771.39  
Percent Paid Unsecured: 0.00

Wherefore, your petitioner prays that a final Decree be entered discharging the trustee and the trustee's surety from any and all liability on account of the within proceedings, and closing the estate, and for such other relief as is just. Pursuant to FRBP, I hereby certify that the subject case has been fully administered.

Report Dated:

/s/ Lydia S. Meyer  
Lydia S. Meyer, Trustee

This is to certify that a copy of this notice has been mailed to the debtor and the debtor's attorney.

Dated at Rockford, IL on 03/26/2008

By /s/Heather M. Fagan